

ANTIMICROBIAL RESISTANCE  
PUBLIC MEETING  
PRE-APPROVAL STUDIES AND PATHOGEN LOAD  
BREAKOUT GROUP DISCUSSION - AQUATICS

THURSDAY, FEBRUARY 24, 2000

8:49 A.M.

DOUBLETREE INN  
1750 Rockville Pike  
Rockville, Maryland  
Randolph Room



I N D E X

## BREAKOUT GROUP DISCUSSION - AQUATICS

February 24, 2000

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## INTRODUCTION

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Randy MacMillan, Chairman

## DISCUSSION/QUESTION/ANSWER

4

**BREAKOUT GROUP DISCUSSION - AQUATICS**

(8:49 a.m.)

(All participants away from microphone.)

CHAIRMAN MacMILLAN: To get things going, I have prepared a little bit of a power point presentation to consider --- also prepared something you can take a look at. The way I approached this, I think it was late at night so -- and I haven't had a chance to really preview this but the way I approached it was trying to be as scientific and objective as I could, what criteria would we use.

(Slide.)

As an ivory towered scientist, what would I want to use in order to provide some --- sound scientific data to the FDA or anybody else --- to give the basic --- information, the probability of resistance transfer from the aquatic bacteria, whether it's --- pathogen or not --- a human bacterial pathogen. And if we could go to the next slide.

(Slide.)

So I happened to have with me a publication and that publication focuses in on what is sound science? What constitutes sound science? And they have a basic definition that says sound science --- described as organized investigations --- conducted by qualified personnel using document evidence and leading to verifiable results.

And to me, one of the key words there is verifiable

1 and that's a tough one for me, and understanding, I'm not a  
2 antimicrobial biologist or anything like that, but I am a  
3 scientist, or at least I used to be, before I got involved in  
4 business and -- but the key was verifiable results.

5           Now how can you plan something -- how can you design  
6 external protocols if you take from the aquaculture  
7 environment, all this bacteria and perhaps use of antibiotics  
8 -- or purposely use of antibiotics to do this experiment, we go  
9 all the way from there to the human bacteria?

10           Well --- design something like that. You can go to  
11 the next slide.

12           (Slide.)

13           I don't think our science is there yet to allow us to  
14 do that, so you look at alternatives. But in the meantime, you  
15 also look at -- and I looked at further at what sound science  
16 means in terms of data and conclusions. They are the use of  
17 scientific method, obviously.

18           Well, what's the scientific method? You have to have  
19 a chance to --- hypothesis and right now, we don't have the  
20 principal hypothesis because there's so many steps involved and  
21 we don't have the technology --- the research tools to go all  
22 the way from the beginning to the end.

23           We also use systematic --- experimental protocols and  
24 that's where a lot of the people yesterday were talking about,  
25 and the day before, was how do you provide --- and how come our

1 microbial studies won't be repeatable?

2           And one of the things that we talked about in  
3 aquaculture was, repeatability of our tests and very, very  
4 difficult to get --- whether it's drugs or any other type of  
5 research in aquaculture. One pond is so different than another  
6 pond, very, very difficult.

7           And even in the laboratory, it's difficult outside of  
8 --- yet repeatable results --- but in fish, it's very, very  
9 difficult to --- but you also have to have a hypothesis -- next  
10 slide.

11           (Slide.)

12           --- yet again, is spurred by results and, to me,  
13 again, the key was, one of the keys is is it repeatable and --  
14 the next slide.

15           (Slide.)

16           I don't know that we have the wherewithal to do that  
17 yet. So, what does the scientific method help us to do? Well,  
18 again, the --- and for conclusions that are supported by the  
19 data --- what Kelly was talking about --- some way to tell her  
20 constituents that if you eat this food, whether it's seafood or  
21 anything else, it's going to be safe for you. You can't  
22 provide that.

23           I don't think the FDA can tell the American public  
24 that there's a hundred percent --- that if you --- that you're  
25 not going to get sick. There is some risk involved and there's

1 risk involved with --- so that's what she was after, I think,  
2 was that hundred percent guarantee.

3 I don't think anything we do, anything outside of the  
4 drug world, there's nothing that scientists can do to provide  
5 that hundred percent assurance that --- that it's safe. You  
6 just can't do that.

7 (Slide.)

8 So, in view of what was said yesterday, and Bill, I  
9 think you may have brought up from a realistic standpoint, the  
10 one thing you're going to be dealing with is in aquaculture is  
11 using basically hand-me-down drugs, antibiotics --- so I look  
12 at that as an advantage in ---

13 We really have an advantage. The antibiotic that's  
14 going to be used in aquaculture is going to be -- there's going  
15 to be a lot of history about that antibiotic --- so we're going  
16 to have -- we should know a lot of the circumstances that  
17 happened with regard to any particular drug and that's --- and  
18 I think that's what Meg was talking about yesterday.

19 The other --- in aquaculture is really quite small.  
20 In the whole scheme of things, we're really quite small and  
21 we're localized. --- the practice industry is localized in  
22 about three states in the deep south. --- industry and at  
23 this point --- a factor in antibiotics in trying to ---  
24 antibiotic ---

25 On salmon industry, we're small in the United States

1 --- I think it's really quite small, particularly compared to  
2 Canada and Europe.

3 (Slide.)

4 So we think that, or I think, I'm proposing really  
5 --- class III drugs, whatever --- drugs are considered in  
6 aquaculture. And the reason for that is that a drug company --  
7 drug companies, they're going to put their higher cost drugs  
8 into an animal industry that's going to, if it's much larger  
9 than aquaculture.

10 And I don't know how it is at Schering-Plough, but  
11 probably get into consider aquaculture in the United States, I  
12 guess because we already have whatever drug is approved in  
13 other countries. Is that right? So you had a lot of data  
14 already.

15 But --- the most -- the drug company's not going to  
16 jeopardize an approval for aquaculture, working on an approval  
17 for aquaculture that's going to jeopardize a major --- just  
18 doesn't make financial sense to do that. And that's always  
19 been the problem or one of the problems in aquaculture in the  
20 United States.

21 Drug companies don't want to take -- there's not  
22 enough financial incentive in there for them to go ahead and  
23 try to get a drug approved from -- that's already approved in  
24 the major --- and try to get it approved in aquaculture.

25 It's just not financially -- one of the arguments has



1 been, well if we do that, we're going to have to open up our  
2 files to the FDA to take a look at --- and we don't want to  
3 jeopardize that. That's not something that we want to risk.

4 (Slide.)

5 So I went and thought, what are the drug approval  
6 needs for aquaculture application? Well, one of the first  
7 things is are there food-borne pathogens of concern? And then,  
8 the next question, that step-wise question, are there  
9 antibiotic resistant food-borne pathogens or antibiotic  
10 food-borne resistant pathogens of concern?

11 And then you start getting into the more difficult  
12 things to resolve --- environmental --- of an antibiotic, why  
13 --- adversely affects significant microbial flora. I think  
14 that's already part of the testing that a drug company has to  
15 do. Is that right?

16 DR. SIMMONS: From a microbial point of view, depends  
17 on how much -- it's not historically something that you look  
18 at. You look at the --- and the affect on --- organisms and  
19 things like that ---

20 (Simultaneous conversation.)

21 DR. SIMMONS: Looking at most -- I would say that the  
22 environmental --- of most of these ---

23 CHAIRMAN MacMILLAN: One of the things I remember is  
24 I was involved in --- research and I know that Abbott ---  
25 aquaculture --- I don't know if it was --- I know they looked

1 at changing microbial flora in a catfish pond and so I thought  
2 that was part of the normal approval process but I guess it's  
3 not.

4 DR. GOTTHARDT: There is an --- safety package ---

5 CHAIRMAN MacMILLAN: Okay.

6 DR. GOTTHARDT: I think that at this point,  
7 environmental --- so this is --- after hearing a little bit  
8 more about that ---

9 VOICE: Not sure that that's really been done in the  
10 past.

11 DR. GOTTHARDT: In the past, but I'm talking about as  
12 far as where we are now. That would be ---

13 CHAIRMAN MacMILLAN: The other question is, of  
14 course, if the microbial flora develops resistance, whether  
15 this pathogen --- or in the aquatic environment, if it develops  
16 resistance, can it go through what I call the cascade? --- and  
17 that's the one where I have some technical problems in figuring  
18 out how to get there.

19 So, I would suggest if there -- there really are some  
20 questions that we can answer, but others that can't be answered  
21 using scientific method. And the reasons for that suggestion  
22 is that ---

23 DR. BUTLER: I was going to say ---

24 CHAIRMAN MacMILLAN: The reason that we -- that there  
25 are some problems in --- in scientific method for some of these

1 things --- is that we really have a very rudimentary  
2 understanding of the resistance transfer mechanisms and  
3 particularly the probability of the resistance transfer --- we  
4 know what happens.

5           We don't know how often it happens, what  
6 environmental conditions --- that transfer. We also know that  
7 aquatic bacteria can be resistant to an antibiotic in the  
8 absence of an antibiotic and that's -- there's a problem there  
9 and --- what's the break point? I think we're getting to that  
10 --- the CCLS type of stuff, but a little ways away from that.  
11 Go the next one.

12           (Slide.)

13           So what's the --- of resistance transfer --- aquatic  
14 bacteria --- human pathogens. So we just don't know -- we  
15 don't have a good way to predict that and --- keeping in mind  
16 what the endpoint is, to try to answer the question, what is  
17 the --- of going from aquaculture antibiotic application to  
18 human pathogen --- a number of permutations that are different  
19 cascades if you can ---

20           So what I would suggest, or what I'm proposing -- and  
21 again, this is just a --- is that --- survey the aquaculture  
22 environment for human bacterial pathogens. We look for feces  
23 in the --- of those --- we know already that some aquaculture  
24 environments have a greater abundance of human pathogens ---  
25 particularly if the aquaculture -- this doesn't happen in the

1 United States as far as we know, but if they --- human waste --  
2 - into the pond or if you put the animal waste into the pond,  
3 or aquaculture environment, you're going to have a high  
4 prevalence of human pathogens.

5           And then I'd suggest that we do qualitative risk  
6 analysis. If we find, for example, that there's a large number  
7 of salmonella --- or listeria monocytogenes --- we can put that  
8 into a --- qualitative risk analysis. It's really difficult to  
9 quantitate some of this.

10           And then --- that initial qualitative risk analysis  
11 indicates a likely risk and a significant risk, and I don't  
12 know how to judge --- significant. But we can -- if we do some  
13 in vitro testing of the antibiotic resistance --- before and  
14 after the application of the proposed -- the antibiotic that  
15 we're trying to get approval for.

16           And then based on what -- the human --- is the in  
17 vitro testing is far more replicable than anything else that we  
18 have --- and so based on that study, we can advise our  
19 qualitative risk analysis to help us out in making a judgment.

20           So, I propose a kind of a --- this is something Wendy  
21 suggested, that it was a step-wise process of analysis, but I  
22 suggest that we -- we'll be looking mostly --- products ---

23           DR. SIMMONS: Randy, I'm going to challenge that.

24           CHAIRMAN MacMILLAN: Okay.

25           DR. SIMMONS: ---

1 CHAIRMAN MacMILLAN: Okay. That's fine. You're  
2 looking at class I products?

3 DR. SIMMONS: No.

4 CHAIRMAN MacMILLAN: Okay. The class II? I had a  
5 question mark about class II because I didn't know what was  
6 going on with that.

7 DR. GOTTHARDT: Randy, I'll chime in on that,  
8 too. ---

9 CHAIRMAN MacMILLAN: Okay. ---

10 DR. GOTTHARDT: Class III is --- in terms of ---

11 CHAIRMAN MacMILLAN: Okay. --- classify something  
12 like oxytet is a class III. It's class II?

13 DR. GOTTHARDT: I am probably not the best person to  
14 comment on that. --- would follow a class II.

15 CHAIRMAN MacMILLAN: Okay.

16 DR. SIMMONS: The other part that drives that --- for  
17 anything that's potentially consumed by humans, aquaculture  
18 obviously won't justify developing that pathogen if there are  
19 no other indications. So the only way you're going to justify  
20 that package is if you tag it onto another --- and that's going  
21 to ---

22 CHAIRMAN MacMILLAN: And part of my lapse there might  
23 be that I don't have a clear understanding of how to categorize  
24 the drug, class I, II or III, and I apologize for that. But  
25 the same thought process will go along, either it's class II or

1 III.

2 But we do know that temperature, water temperature,  
3 has a major impact on the kinds of bacteria that are likely to  
4 show up in the aquatic environment and certainly the growth  
5 characteristics of those bacteria, we do have some scientific  
6 knowledge about that.

7 So, I suggest we go one of two ways -- we make a ---  
8 decision about whether it's a warm water or a cold water  
9 application and whether it's a freshwater or saltwater  
10 application.

11 And once that happens, if you identify some potential  
12 food-borne human pathogens to be concerned about. In the warm  
13 water case, actually all cases, --- use --- probably is present  
14 and something we need to look at. Salmonella is present, we  
15 know, in both salt and freshwater, warm water climates. Here,  
16 I'm not sure ---

17 I can tell you in my particular situation, you don't  
18 find salmonella and you --- it's a real unique --- situation  
19 where there is water coming right out of the --- and goes right  
20 from the --- to our production units so far, and so we're not  
21 likely to have salmonella. --- have a terrestrial animal ---  
22 mammal around, they're not likely to get anything like that.

23 But in our particular case --- there are some ---  
24 that use irrigation water in their production and those farms  
25 --- do have salmonella because they have -- because they don't

1 know where the water's coming from, basically, and there is a  
2 big area --- so it's possible to have some --- salmonella foods  
3 doing anything --- producing, I don't know so we need to take a  
4 look.

5           And then in saltwater cases in cold temperatures, we  
6 need to look at vibrio and so, those would be some human  
7 pathogens, food-borne type pathogens that we could look at.

8           So the result of the risk analysis -- the next one.

9           (Slide.)

10           I think we can identify the rate of resistance of  
11 food-borne pathogens for aquaculture. I think we can get that.  
12 Just how strong that analysis will be, I don't know. We'd  
13 have to go through and exercise that way to judge that.

14           DR. REINSCHUESSA: --- the rate ---

15           CHAIRMAN MacMILLAN: Rate of resistance. This would  
16 be prevalent --- the extent of resistance --- we may not have  
17 been --- I just --- anyway that based on that information we  
18 get, we get the prevalence of food-borne pathogens for  
19 aquaculture products and some measure then of resistance of  
20 those food-borne pathogens, you could get at --- next one.

21           (Slide.)

22           And then I suggested that we have some post-approval  
23 monitoring on seafoods and if we find bacteria, human ---  
24 bacteria, we would check those for resistance to ---  
25 antibiotics.

1           The problem with that is that the post-approval  
2 monitoring, you don't know where that bacteria came from. It  
3 could be salmonella. You don't know where that salmonella came  
4 from --- the processing of the product or if it came from the  
5 aquaculture facility itself. We don't know that so that's a  
6 weakness to the post-approval but it's a step.

7           As long as people keep things in perspective, then  
8 they can work with that and maybe they'd ultimately lead us to  
9 ask some more germane questions or questions that we could --  
10 that are actually --- next one.

11           (Slide.)

12           So the question is deferred because, to my view, we  
13 don't have the tools we need to go all the way. What is the  
14 probability of human pathogenic bacteria? What is --- develop  
15 resistance as a result of an aquaculture application of an  
16 antibiotic? Next question.

17           (Slide.)

18           From my perspective, we just don't have the tools to  
19 show cause and effect and again, the post-approval monitoring  
20 might give insight. Next.

21           (Slide.)

22           Consequences, and this, Kelly, I was trying to  
23 address some of your concern which you voiced yesterday. This  
24 will be what I would be willing to say, based on that analysis.  
25 I'm not a regulatory person and I am certainly biased because



1 I'm industry.

2 But I felt that --- also in charge of quality  
3 assurance in food safety and I would have no qualms at all  
4 about making the statement such as that. I probably wouldn't  
5 include the very last sentence because that's just not a good  
6 statement to make to --- informed public but I just put that in  
7 there because we can't provide absolute assurance. You can't  
8 do that in anything.

9 DR. BUTLER: Well, I was just wondering if I could  
10 comment. I was just trying to ask if I could comment during  
11 the piece because going back on the other site, you said in  
12 post-approval monitoring, you could look at -- sorry, it's ---  
13 post-approving monitoring you had said -- I guess maybe it's  
14 one before that -- sorry.

15 That you could look at human pathogenic bacteria but  
16 you couldn't be sure where they came from which I think is the  
17 point of the pre-approval where you do it in a contained  
18 environment to say does this drug cause antimicrobial  
19 resistance and it doesn't -- as we said yesterday, it doesn't  
20 necessarily have to be a human bacterial pathogen but whatever,  
21 does it cause antimicrobial resistance in a bacterium?

22 And in the controlled pre-approval study, which is  
23 why I think people are looking for pre-approval information, if  
24 you know, yes, it is going to cause it sooner or later but if  
25 you know the mechanism or if you know that it's not causing

1 important cross resistance, then you can say, well there, we  
2 did our pre-approval in a controlled setting.

3           There is some resistance for this. There is  
4 apparently no cross resistance; therefore, there's some  
5 assurance for someone who would be using it in aquaculture to  
6 take it the next step down the line to say, we are not  
7 contributing to any problem with antimicrobial resistance that  
8 might be turning up in the water that you're swimming in and  
9 the water you're drinking.

10           So, that's the piece that I see important being said  
11 because what you said in that later paragraph, and further on  
12 in the last one, we can say that -- sorry, the next one -- the  
13 next consequence is yeah, based on careful risk analysis,  
14 etcetera, so you couldn't -- at this point, you don't know.

15           That's what the point of the pre-approval is, is to  
16 say if we do this, does that result? And if we can say, okay,  
17 we tried it in this situation. It didn't show anything to my  
18 knowledge.

19           It's not causing an important cross resistance or  
20 it's not apparently causing antimicrobial resistance, you know,  
21 in the short term at least in that period of time that we did  
22 our study. And probably, as I said, the cross resistance is a  
23 bigger issue. But I mean --

24           DR. REINSCHUESSA: Okay. I want to star your  
25 comments ---

1 DR. BUTLER: Sure.

2 DR. REINSCHUESSA: But, in a way, I think you're  
3 looking at the pre-approval studies with rose colored glasses  
4 because --- find resistance developing in --- cross resistance  
5 development and I think the pre-approval, the most we can hope  
6 for is ways in dealing with that --- not going to be able to  
7 use it as a plan to say this is safe.

8 DR. BUTLER: No, I would never expect that, but what  
9 we want to know is what we're dealing with.

10 DR. REINSCHUESSA: Right.

11 DR. BUTLER: And you're right; in some cases --

12 DR. REINSCHUESSA: But it's not going to be a weapon  
13 for you to say my stuff is ---

14 DR. BUTLER: No.

15 DR. REINSCHUESSA: And the antimicrobials are going  
16 --- but you know, what I would hope, you know, sort of going  
17 back to the --- in a pre-approval process is to be --- to  
18 develop tools that are used --- for change management practices  
19 on farms when they see those changes that we predicted from  
20 the ---

21 DR. BUTLER: And those are important as well, but no,  
22 not -- I am not suggesting, as I say -- using them is going to  
23 cause antimicrobial resistance but I think identifying cross  
24 resistance is a very important one to say, well, we did look at  
25 that but we haven't got any evidence that.

1           There's no such thing as safe anything, but you  
2 have to -- if you see that the antimicrobial cross resistance  
3 is an issue, which I think it is, then we can say we have  
4 looked at it.

5           And there's no such thing as safe anything but there  
6 are things that we know that we have to address and I think  
7 that would be one. But the additional information is useful  
8 as well. How can we address antimicrobial resistance, short  
9 of course, high dose, all of those things to mitigate the  
10 effects.

11           CHAIRMAN MacMILLAN: Okay. Well, Renada also  
12 prepared some power point slides if you want to go to that.

13           DR. SIMMONS: I need to go back to yours, just one  
14 more. I have a lot of problems with the qualitative risk  
15 assessment and the reason for that is what's been tried already  
16 and there's major, major issues with how you go about that ---  
17 put into that.

18           I am in full agreement that there should be a risk  
19 assessment provided and the risk assessment based on the  
20 correlation of the antibiotic to a human antibiotic at the same  
21 class or in the same --- with looking at mutation frequencies.

22           That's certainly a guide to tell you what you can  
23 expect and I have no problem with looking at making those ---  
24 as well as mechanism of resistance and then you, from that,  
25 that is your risk assessment.

1           We feel this poses no risk because of the following  
2 reasons or it does pose risk and the following steps should be  
3 looked at and that's where you would go with -- a qualitative  
4 risk analysis, I have no idea how you would even -- what you  
5 would even put in for that.

6           CHAIRMAN MacMILLAN: And a lot of your qualitative  
7 was that it was just --- not all of the scientific information  
8 that you would like to have in order to make a quantitative  
9 risk assessment. So by default --- it's a judgment that has to  
10 be made --- assessment of --- but --

11          DR. SIMMONS: You could be talking the same thing.

12          CHAIRMAN MacMILLAN: Well, it could be, but  
13 nevertheless, we'll have to --- so as a drug company person,  
14 you would agree to a risk assessment as some sort of -- the  
15 risk assessments that you do --- a hybrid of --- some  
16 quantitative information.

17          DR. SIMMONS: We used the Framework document.

18          CHAIRMAN MacMILLAN: Okay.

19          DR. SIMMONS: Okay.

20          CHAIRMAN MacMILLAN: Okay.

21          DR. REINSCHUESSA: I sort of looked at some of the  
22 questions that they were asking us to --- I just --- different  
23 things to consider --- pre-approval studies. One thing we  
24 really didn't talk about much is --- systems and use of  
25 antimicrobial bacteria that could come from other sources.

1           You talked about salmonella --- not only from  
2 aquaculture --- and so, resistance can come from all those  
3 animals as well and not be --- to aquaculture. So those are  
4 just other things that we should consider, including chemicals  
5 and metals -- sometimes water content --- more heavy metal that  
6 may or may not be, you know, at a level where it's not toxic to  
7 the animals --- changing profiles --- so that was one more  
8 thing.

9           The model bacteria, if you want to use a model for  
10 your study, I sort of picked out what I thought and this is  
11 from and this is for people to add onto --- thinking about it.  
12 You want to have abundance --- fish in the water and --- easy  
13 to grow and characterize which may not be realistic for some of  
14 the pathogens for humans, representative of what's occurring  
15 the production --- and is not currently resistant to the test  
16 drug or other --- and you were saying, well just pick a drug or  
17 pick a bug --

18           DR. BUTLER: Oh, to start with. That's what I'm  
19 saying.

20           DR. REINSCHUESSA: And I'm trying to --

21           DR. BUTLER: I'm not telling you to pick one.

22           DR. REINSCHUESSA: Right.

23           DR. BUTLER: I'm saying they know which bug is in  
24 which species, so I --

25           DR. REINSCHUESSA: But the problem is -- I mean, I'm

1 looking at what I used in the past as clinical data when we've  
2 had --- fish across my plate and --

3 DR. BUTLER: As it were.

4 DR. REINSCHUESSA: You know, I thought, well, okay,  
5 --- is everywhere. You know, it's in the water. It's in the  
6 fish and it's on every freshwater --- I mean, every clinical  
7 --- I've come across has been resistant to oxytet and to  
8 sulfas. So in trying to figure out what bug we want to use --

9 DR. BUTLER: Sort of push us to the in vitro versus  
10 which is what you were saying, it pushes you more to doing a  
11 study in an in vitro setting where you have to use sort of a --  
12 if there's such a thing in fish, specific pathogen free fish  
13 and then introduce the bacterium which is just normal and --

14 DR. REINSCHUESSA: Is it relevant to what's out  
15 there?

16 DR. BUTLER: Oh, well I'm talking about the effect of  
17 drugs, specifically, and what we're trying to get at is the  
18 effect of using an antimicrobial. Is it relevant? What you're  
19 saying is true. All of that is out there. What we're trying  
20 to assess is what is the impact of a particular medication? Is  
21 it causing a difference, yes or no? It's a tough question to  
22 ask but it pushes the question more into a laboratory, more  
23 into a controlled environment, as you say.

24 DR. SIMMONS: But I think you hit on -- there's three  
25 things that were brought out yesterday. Number one, is it

1 relevant? Number two, is it predictive? And number three, can  
2 it be validated? And if it doesn't pass those, I wouldn't  
3 touch it; I wouldn't recommend it. That's a real issue.

4 DR. REINSCHUESSA: you know, the three things that  
5 you mentioned --- okay, so what is our goal for doing a  
6 pre-approval test and I think mine are to develop those little  
7 strategies, compare it with what you find in your post-market  
8 surveillance in the target --- fish pathogen and also --- that  
9 we hopefully will come up with on slide one, or slide two, you  
10 know. And then change drug use if needed.

11 Now, Meg brought in an important point --- to switch,  
12 and we need more drugs to switch, but I mean, that would be one  
13 thing that, you know, the post-market surveillance would have  
14 been --- and then, you know, just sort of --- because there are  
15 things that simply live on farms and if you have an indicator  
16 or --- there are things that can start the investigative, if we  
17 do have single organisms telling us ---

18 So that's where I would say okay, maybe pre-market  
19 --- come up with some strategies for --- and so right now, we  
20 don't have --- and, you know, I'd really like to see more  
21 effort on the major species than on the minor species for these  
22 kind of pre-market studies.

23 (Slide.)

24 I guess this is my push, to try to get one drug --- I  
25 think they're important in terms of resistance as well because



1 if you have drugs --- resistance.

2 (Slide.)

3 And then, sort of the philosophical approach, you  
4 know. Fred Angulo --- do something now, and the attitude is  
5 that until we do something --- be done with it and --- just to  
6 make some groups happy or do we do nothing and say it's too  
7 hard, or do we look at it in terms of thirty years and say, we  
8 need to treat the sick animals.

9 We have to be humane --- resistance will develop so  
10 let's start taking steps --- steps at a time. We'll first look  
11 at the environment and establish where we are in terms of ---  
12 resistance --- gap there and to develop --- and use --- fish  
13 pathogens that ---

14 (Slide.)

15 But again, you've got the big --- gap and so, what  
16 I'm saying, take a step back and don't try to give people the  
17 answer tomorrow of what you need for your pre-approval studies  
18 but look at it in terms of --- we've got to find out what's on  
19 the environment, in the land and in the water, to develop ---  
20 and to identify --- I mean, people are just --- to start to  
21 look at fish --- in water for all sorts of bugs which are not  
22 that easy --- and somebody's got to pay for it and I think that  
23 we ---

24 CHAIRMAN MacMILLAN: Okay. So --

25 DR. REINSCHUESSA: We are melting.

1 CHAIRMAN MacMILLAN: We're not --- I like your stuff  
2 there. Any suggestions on where to go from here?

3 DR. REINSCHUESSA: For the next hour ---

4 CHAIRMAN MacMILLAN: Well, yeah. We have to make  
5 some report to the group this afternoon, but ---

6 MS. ORIANA: Well, I missed yesterday but --- on  
7 choice of organism ---

8 CHAIRMAN MacMILLAN: Yeah. We --

9 DR. REINSCHUESSA: Do you have some suggestions?

10 MS. ORIANA: No. Well, I'm confused --- in the  
11 water, on the fish or in the fish? Fish slime has ---

12 DR. REINSCHUESSA: Fish. In what critters? In what  
13 fish?

14 MS. ORIANA: Stuff out of the bay ---

15 CHAIRMAN MacMILLAN: The problem here is that the  
16 bacteria that are on the skin or are in the GI tract are going  
17 to be whatever's in the water basically.

18 MS. ORIANA: Well, I don't -- do you really think  
19 salmonella is ---

20 CHAIRMAN MacMILLAN: Well, that's a question. We  
21 don't know.

22 DR. REINSCHUESSA: Well, from what I've read, and I  
23 brought a couple of those articles with me -- there's some  
24 recent studies in Spain. There are transients. There are  
25 residents. They are not always the ones that are in the water

1 but some of them are and there are changes in the species. For  
2 example, they looked at trout and pike and they found different  
3 bugs in their guts and they found percentages and --- in one  
4 species of fish versus another.

5 CHAIRMAN MacMILLAN: From the same environment?

6 MS. ORIANA: Well, it's coming --

7 DR. REINSCHUESSA: Salmonella?

8 CHAIRMAN MacMILLAN: That would be different than ---

9 DR. REINSCHUESSA: Yeah, it is. It is different.

10 DR. KAZDA: --- different in some fish ---

11 (Simultaneous conversation.)

12 DR. REINSCHUESSA: And they were looking at the trout  
13 which were different from the ---

14 CHAIRMAN MacMILLAN: It was just brought up ---

15 DR. REINSCHUESSA: These were wild --- trout and wild  
16 pike. They recently, the same --- recently did another study  
17 which I only have the abstract of --- it's not that simple,  
18 let's put it that way. In a pond, you might end up with more  
19 bugs --- again, if you have larger number of bugs in that  
20 environment, then maybe your fish --- will be more --

21 CHAIRMAN MacMILLAN: About fifteen years or so ago --  
22 - we looked at --

23 DR. REINSCHUESSA: I've got that paper, too.

24 CHAIRMAN MacMILLAN: Okay. But that was long after -

25 -

1 DR. REINSCHUESSA: People --- intestinal flora ---

2 CHAIRMAN MacMILLAN: I think that work was done  
3 sometime in the '80s because there was a large --- so we  
4 collected fish throughout the year and one thing we didn't do  
5 was look at the --- which was too bad because that would be  
6 interesting to look at.

7 I think that that --- and generalizations about what  
8 is happening in the population on microbial flora in the GI  
9 tract. The skin, I don't know if very many people have looked  
10 at the skin.

11 MS. ORIANA: I had a master's professor who -- I  
12 mean, that was his thing.

13 DR. REINSCHUESSA: Characterizations --- some studies  
14 on aquaculture, striped bass and research systems and ---  
15 systems and they found something similar to what you're saying  
16 --- shows a lot different. So, you know, if we're talking pre  
17 and we've got, you know, fifty aquaculture species and god  
18 knows what else out there in the environment, and so, I don't  
19 think that the answers are really readily obtainable.

20 MS. ORIANA: I'm just trying to understand what  
21 people are --- just that they found the same ---

22 DR. REINSCHUESSA: And they found some ---

23 MS. ORIANA: Right.

24 DR. REINSCHUESSA: But a lot of this stuff -- a lot  
25 of the bugs --- characterized in terms of ---

1 DR. BUTLER: And it's likely that of all the species,  
2 just like terrestrial species, have a different collection of  
3 flora, period, and it varies within the species and between  
4 species but it doesn't mean that you shouldn't perhaps look at,  
5 you know, trying to characterize -- and I just say that  
6 research would contribute to that.

7 DR. REINSCHUESSA: You need to develop the model

8 DR. BUTLER: Yes.

9 DR. REINSCHUESSA: If you are going to ask people to  
10 use.

11 DR. BUTLER: Yes.

12 DR. REINSCHUESSA: And we can't just ---

13 MS. ORIANA: Are you saying that the focus in on ---  
14 bacteria and you were saying ---

15 CHAIRMAN MacMILLAN: Well, that was just --

16 MS. ORIANA: I guess I'm confused.

17 CHAIRMAN MacMILLAN: Well, the reason I suggested  
18 human, because that's the most --- concern. The other things,  
19 and this gets to the innocent bystander issue, is that --- can  
20 go from --- risk from --- aquatic environment to people ---  
21 that we don't have a way to measure what that is, from my  
22 perspective.

23 So if we just focus on the human pathogens, because  
24 that's clearly --- that has a greater probability of being an  
25 issue --- than say aeromonas --- but we don't have a way to

1 measure that. See, because you get to the aquaculture, it  
2 brings more than just --- and people come in contact with ---  
3 species.

4           Should there ever be --- then the issue's going  
5 to be almost the same as for the --- species, only the  
6 difference being that most people don't eat --- some people  
7 do but most people don't and they're --- that's the only  
8 difference between ---

9           The carp was just ont an item that most Americans eat  
10 --- in Asian markets.

11           DR. KAZDA: That was when I lived in Ontario ---  
12 steel mills ---

13           DR. SIMMONS: If I recall, the data presented by Tom  
14 Bell at various meetings, the tonnage of carp in Southeast Asia  
15 far outweighs --- salmon, trout --- is tremendous, but usage of  
16 antimicrobial agents and so forth is probably extremely low  
17 because it's such extensive versus intensive.

18           CHAIRMAN MacMILLAN: Right.

19           DR. SIMMONS: It shocked me when I saw it.

20           CHAIRMAN MacMILLAN: So --

21           MS. ORIANA: Well I guess I see that as the first ---  
22 decision tree in the survey as to which way to go. Looking at  
23 --- bacteria or ---

24           CHAIRMAN MacMILLAN: Well, from my perspective, I  
25 want to kill two birds with one stone, focus in on human

1 pathogens --- and do the test and it's in vitro and ---  
2 systems, whatever it is, look at those because those are going  
3 to be more --- and a greater probability of infecting people  
4 than innocent bystanders.

5           Innocent bystanders --- a lot of work to do to find  
6 out what they are --- so we know that at least in some aquatic  
7 systems, the human pathogens are there. To take Fred Angulo's  
8 position, why not look at those first.

9           DR. SIMMONS: Well I was thinking last night about  
10 the decision tree, how you would use this and kind of think of  
11 examples and if you're using mutation frequency as one of the  
12 first decision points, what's a good example of that and  
13 Rifampin is a perfect example of that because the mutation  
14 frequency -- and don't write this down because I don't know if  
15 the number is correct, but I think it's less than ten to the  
16 sixth, which is a red flag.

17           And that has been weighed out in clinical usage,  
18 resistance with Rifampin develops quite rapidly if not used in  
19 combination with another agent. So they would be whatever  
20 number is picked and a mutation frequency, there's a red flag  
21 that would immediately cause concern about the use of this  
22 agent.

23           Most pharmaceutical companies wouldn't develop one  
24 that had a high mutation frequency because they know what the  
25 issues are and what -- that's a -- would be part of the data

1 package and as they're readily available decision point and  
2 should CVM, BBD, whoever looks at this, we better look at this  
3 carefully. And, you know, again, it's risk assessment.

4 But I don't -- I still have difficulty knowing what  
5 organisms to jump into. I certainly wouldn't have any problem  
6 with developing sensitivity patterns for the target organisms  
7 as well as the potential human organisms, but I don't know what  
8 to do with it beyond that.

9 DR. BUTLER: Well, why don't you put forward both  
10 those possibilities? I mean, if you're going to look at  
11 things, the target organism and a human pathogen -- because  
12 you're going to do the target organism, obviously, anyway.

13 DR. REINSCHUESSA: And those are the ones that are  
14 going to hopefully show up in clinical labs.

15 DR. BUTLER: Right.

16 DR. REINSCHUESSA: You could do some, you know,  
17 post-surveillance --- but I still think that if you're worried  
18 about transfer via environmental --- then that's not just  
19 aquaculture; that's --- with other groups, too. You're going  
20 to have to look at some nontarget drugs if you're worried about  
21 that --- transfer.

22 DR. SIMMONS: If you look at say the CECA program in  
23 Europe right now, they're not looking at sensitivity patterns  
24 for veterinary antimicrobial agents. They're looking at  
25 sensitivity patterns in the smaller carcass --- human pathogens



1 in this surveillance and NARMS is the same way. And I don't  
2 know if an aquaculture is included in that.

3 DR. BUTLER: But that leaves out of the picture what  
4 happens to the stool from those cattle spread on those ---,  
5 doesn't it?

6 DR. SIMMONS: Spread on what?

7 DR. BUTLER: Spread on the spouts and the other  
8 vegetables. It's just another piece of the whole continuum of  
9 antimicrobial resistance passing. It covers the food side, the  
10 carcass culture, but it sort of leaves that piece of almost  
11 still being spread everywhere and --- more food-borne illness  
12 from vegetables and I'm sure that's the same here than from  
13 meat.

14 DR. SIMMONS: That goes back to the environmental ---  
15 package.

16 DR. BUTLER: Yeah, exactly.

17 DR. SIMMONS: Because run off --

18 DR. BUTLER: All of those things.

19 DR. SIMMONS: All of those things are issues and  
20 there are specific means of evaluating those things right now,  
21 again, if I remember -- you know, what's happening to those  
22 residues.

23 CHAIRMAN MacMILLAN: Okay. Well it sounds like  
24 there's some agreement that if we do any passing on bacteria,  
25 that we ought to choose target --- than human pathogen ---

1 DR. BUTLER: Well, Renada will wants the others and  
2 it's a good thing she wants that information. Yes? And if you  
3 would ---

4 DR. REINSCHUESSA: In the short term, right now,  
5 that's what we can do, and that if we want to look at the  
6 effect on nontargets, then it has to be ---

7 CHAIRMAN MacMILLAN: But in terms of being part of  
8 the pre-approval package -- is that --- the approval studies,  
9 would you insist that that be done as well?

10 DR. REINSCHUESSA: It depends on what time frame  
11 you're talking about.

12 CHAIRMAN MacMILLAN: Well, if you --

13 DR. REINSCHUESSA: If you start -- if you say we want  
14 to start setting up a pre-approval study in the next six  
15 months, the ones that you --- are going to have to be those  
16 organisms that you mentioned, human pathogens and --- but if  
17 we're looking to refute --- we should leave ourselves that  
18 avenue --- and you may add other drugs -- bugs to your list.

19 (Laughter.)

20 CHAIRMAN MacMILLAN: In the wording of --- I guess  
21 you'll publish some sort of guidance. Is that how that  
22 happens?

23 DR. REINSCHUESSA: --- published.

24 CHAIRMAN MacMILLAN: You publish some sort of  
25 guidance on pre-approval studies?

1 DR. REINSCHUESSA: Is that what you're asking?

2 CHAIRMAN MacMILLAN: Yes.

3 DR. REINSCHUESSA: I'm sure.

4 CHAIRMAN MacMILLAN: Okay.

5 DR. BUTLER: No, but it's absolutely true. I mean,  
6 the information has to be got sooner or later to know what the  
7 real impact is across the board.

8 CHAIRMAN MacMILLAN: The one thing I can insist on,  
9 if you do for aquaculture, you have to do it for all the other  
10 --

11 DR. BUTLER: Oh, yes.

12 CHAIRMAN MacMILLAN: All the other agriculture  
13 industries that are using antibiotics. So it would be  
14 orchards, pet animal, all those things that we look at. You're  
15 going to put this into perspective --

16 DR. BUTLER: Yep.

17 CHAIRMAN MacMILLAN: -- you need to do that. So  
18 that's what the --- would have to do.

19 DR. BUTLER: We have those on our list in our little  
20 group, federally, that's looking at it, everything from bees to  
21 whatever.

22 MS. ORIANA: And I know our environmental group is  
23 looking ---

24 CHAIRMAN MacMILLAN: So in terms of verbiage that we  
25 would suggest is that the --- but I guess that the antibiotic

1 resistance mechanisms of resistance development ---

2 DR. REINSCHUESSA: Look at profiles ---

3 DR. SIMMONS: Sensitivity profiles ---

4 CHAIRMAN MacMILLAN: So just sensitivity profiles of  
5 target organisms and human pathogens. We want selection of  
6 pathogens or ---

7 DR. SIMMONS: How about relevant?

8 CHAIRMAN MacMILLAN: Relevant.

9 MS. ORIANA: You always pick the ones -- basically  
10 the three or four big ones that you pick, although I don't know  
11 that people know if a campy is an issue. I mean, a lot of  
12 these things we don't know yet.

13 DR. REINSCHUESSA: And I think that's maybe a problem  
14 with trying to --- I mean --

15 DR. BUTLER: Right.

16 DR. SIMMONS: What organism would be a relevant  
17 organism for an antibiotic that's going to be developed for use  
18 in salmon and sea creatures?

19 CHAIRMAN MacMILLAN: Vibrio would be a relevant ---  
20 and ---

21 DR. REINSCHUESSA: And are you asking them to do it  
22 in --- studies with these or are you asking them just to ---

23 CHAIRMAN MacMILLAN: They're not going to be  
24 effective.

25 DR. SIMMONS: I wouldn't -- again, I'm trying to put

1 this in what's predictive -- if I sample water or fish or  
2 whatever, and I don't get those organisms out in that study,  
3 then they are --- if we just say, well, yes, in Egypt they  
4 picked this organism up and --- to me, if you can't get the  
5 organism from the test system that you're using, then using the  
6 relevant organism.

7 MS. ORIANA: The problem is the test system --- and  
8 the other thing is, I don't know ---

9 CHAIRMAN MacMILLAN: Well the temperature -- if you  
10 have salmonella in warm water temperatures --- it's not going  
11 to reproduce as fast as --- so, you know, relevance is the  
12 question. --- is it relevant? Is it predictive? And what was  
13 the third one?

14 DR. SIMMONS: Can it be validated or is it  
15 verifiable? Is that a word?

16 CHAIRMAN MacMILLAN: So if we suggested that -- well  
17 maybe we could do -- well, that's true. Maybe we can just say  
18 such as. I mean, you have to both your application and --- in  
19 Costa Rica. You could perhaps look at salmonella, or let's  
20 take shrimp --- and whether we produce it or not ---

21 (Comments off microphone.)

22 CHAIRMAN MacMILLAN: Well, what happened is --- as I  
23 understand it, they got --- it's not a food-borne --- and  
24 that's only been found once, not that it wasn't a serious  
25 issue; it certainly was. So would you necessarily use that ---

1 I don't know. And something that perhaps -- something you  
2 decide later on.

3 MS. ORIANA: And where is the listeria coming from?  
4 Just from runoff from the farms ---

5 CHAIRMAN MacMILLAN: Listeria monocytogenes, it's a  
6 pretty ubiquitous bacteria and seagulls carry it. Seagulls  
7 poop in the water --- whether it's reproduced or not, I don't  
8 think anybody's studied but in terms of trying to -- right now,  
9 the finished product in processed fish supposed to be all  
10 important --- zero tolerance in ---

11 MS. ORIANA: Don, why don't you --- essential or --  
12 yeah ---

13 CHAIRMAN MacMILLAN: And to say, for example ---  
14 (Break in tape.)

15 CHAIRMAN MacMILLAN: We wanted to highlight some of  
16 these unique features about -- of aquaculture because there  
17 really are some unique things that make this more difficult to  
18 --- and then -- so --- minor species. Somebody identified  
19 --- lots of places that resistant bacteria can reproduce ---  
20 that production system falsely.

21 DR. BUTLER: That's okay.

22 CHAIRMAN MacMILLAN: There's lots of places where  
23 bacteria can be reproduced from the production system.

24 DR. BUTLER: Do you really mean potentially resistant  
25 or inputs of human pathogens?

1 CHAIRMAN MacMILLAN: Well, both. You can get  
2 innocent bystander bacteria introduced and you can get human  
3 pathogens being introduced that the pathogens alone, by  
4 themselves without any thought of antibiotic response could be  
5 a problem, but certainly, this issue is the resistant. So, it  
6 can come from aquaculture practices or it can come from these  
7 different places here.

8 And the other item that's been unique about  
9 aquaculture is in this debate for the past two days, we've had  
10 limited, very limited public participation in the consideration  
11 of pre-approval study designs. So that's limited, somewhat,  
12 our ability to address some of these things and feel like we've  
13 really captured the best ---

14 Based on what we have, which is based on FDA, one  
15 private producer and one drug company representative, and one  
16 or two public interest groups who have come up with some ideas.

17 Does that capture what we're after so far? Okay. We can go  
18 to the next slide maybe.

19 (Slide.)

20 There are some consequences to our limited  
21 antibiotics. Again, we only have two. One thing that happens  
22 is that you put increased selected pressure on the bacteria  
23 that are there that are exposed to the two drugs, potentially  
24 exposed to the two drugs that we have and they could increase  
25 the probability of resistance.

1           That could be remedied by better ability to rotate  
2 the drug choices in those systems.   So it's a real  
3 disadvantage, obviously, to have just two antibiotics. You  
4 know, the down side to that is there will be groups, perhaps  
5 even in our own midst, who believe that there should not be any  
6 antibiotics for aquaculture.

7           DR. GOTTHARDT: But you know, there --- the species.

8           CHAIRMAN MacMILLAN: That's true.

9           DR. GOTTHARDT: Because the two that are approved are  
10 only approved for --- particular indications and --- species.

11          CHAIRMAN MacMILLAN: --- species, yeah.

12          DR. GOTTHARDT: And because they're in the feeds, ---  
13 produces --- viable option.

14          CHAIRMAN MacMILLAN: FDA --- decide on that proposed  
15 ---

16          DR. GOTTHARDT: FDA has gotten the comments back ---

17          CHAIRMAN MacMILLAN: So they are going to be --- not  
18 just tabled or anything.

19          DR. GOTTHARDT: It's on the table.

20          (Slide.)

21          CHAIRMAN MacMILLAN: Okay. So then we were going  
22 into, trying to answer the questions that were on our agenda.  
23 What are the positive aspects of the study concepts presented  
24 and the thought here was to state that we redefined our own  
25 study concepts and then go through what those study concepts



1 are. So maybe if we could go to some of the other slides to  
2 capture what has already been put down like --- yeah, I think  
3 these are ---

4 (Slide.)

5 CHAIRMAN MacMILLAN: Well the one thing we need to  
6 capture is this idea of high use --- regulatory action, high  
7 use versus low use, the binaries. But let's go to the other  
8 thing first. Okay. ---

9 DR. REINSCHUESSA: Where are the three --- relevance  
10 and --

11 CHAIRMAN MacMILLAN: Right. Right.

12 DR. REINSCHUESSA: That's the one I thought you were  
13 trying to put into that ---

14 CHAIRMAN MacMILLAN: Go back to slide source.

15 DR. REINSCHUESSA: Its relevance and --- are these  
16 the study concepts?

17 CHAIRMAN MacMILLAN: Well, it's not so much --

18 MS. ORIANA: What does study concepts mean?

19 CHAIRMAN MacMILLAN: Yeah. Why don't we just  
20 eliminate that question. Let's eliminate that question and  
21 just put in, these are the things that we considered important  
22 for whatever studies we have -- we decided to suggest,  
23 something like that.

24 DR. SIMMONS: Okay. So we are going to insert this  
25 slide where we have --

1 CHAIRMAN MacMILLAN: Yes.

2 DR. SIMMONS: --- Tom Shyrocks --- so the last slide  
3 we're going to insert with this one.

4 CHAIRMAN MacMILLAN: Right. Just replace it.

5 DR. REINSCHUESSA: Or you could just say that this is  
6 what we're using to address that. I don't know if you want to  
7 dump it completely or just say, this is how we're addressing  
8 it.

9 CHAIRMAN MacMILLAN: Well, let's just dump it.

10 DR. REINSCHUESSA: Okay.

11 DR. SIMMONS: I don't think it makes sense --- to  
12 make this flow from the last slide, I think you need to retitl  
13 it or --

14 CHAIRMAN MacMILLAN: Yeah, what is the last --- so  
15 the things that we considered discussing what would be  
16 appropriate for pre-approval studies are, and then the next  
17 slide is this one.

18 DR. SIMMONS: Let me find another word for factor  
19 here. Is the study parameter relevant.

20 CHAIRMAN MacMILLAN: Okay.

21 DR. GOTTHARDT: I am going to throw something out  
22 -- in the antimicrobial --- impact on human health ---  
23 pre-approval studies necessary for --- do we need pre-approval  
24 studies for antimicrobial resistance for all --- or are there  
25 some, potentially --- studies.

1 CHAIRMAN MacMILLAN: --- in the agenda, in some of  
2 the literature that I received --- pre-approval studies are  
3 only ---

4 DR. GOTTHARDT: I guess --

5 CHAIRMAN MacMILLAN: But that's in the literature.

6 DR. REINSCHUESSA: As much as I'd like to say --- the  
7 question would be is the potential for development of  
8 resistance --- do you know that is --- see what I mean? So you  
9 have to do the study in order to say the --- potential is --

10 DR. GOTTHARDT: I think it goes back to the drug ---  
11 and how bad it is to human health --- and how valuable it is to  
12 human health. Obviously, if you're talking about  
13 fluoroquinolone, then that is extremely important for human  
14 health. You might have another --- and that really doesn't  
15 have the same --- and there might not be --- human consequence  
16 there. I don't know. I'm just throwing that out. Do you want  
17 to think about it or --

18 CHAIRMAN MacMILLAN: It would seem that the agency is  
19 always going to have that discretion, I think.

20 DR. GOTTHARDT: Well, that may be what's behind the  
21 class III --- I don't -- the volumes between classes --- so  
22 that's why it's hard to say one particular drug is going to  
23 fall into one particular class.

24 But at the end of the day --- it's decided that a  
25 particular set of --- would fall into a class III or --- I

1 don't know. I don't think all that --- but there may be  
2 certain --- that we don't have --- but will there be some where  
3 we don't need pre-approval studies for antimicrobial  
4 resistance?

5 CHAIRMAN MacMILLAN: Well it doesn't hurt to throw it  
6 out.

7 MR. PRATER: That point would sure help us in  
8 aquaculture and it ties into the last slide, I think.

9 DR. GOTTHARDT: Because those might be the ones that,  
10 you know --

11 MR. PRATER: Yeah, if we move that to the first  
12 bullet, that will make a nice tie-in to the last slide. You  
13 can say, aquaculture is unique. Here are problem situations  
14 that we only have two drugs approved and, you know, do we -- if  
15 the drug candidate doesn't have this potential, do we need to  
16 raise the bar or can we lower the bar?

17 CHAIRMAN MacMILLAN: Right.

18 MR. PRATER: So we can just move this one up a bullet  
19 right now and make the transition -- so that maybe this first  
20 bullet could be the third.

21 CHAIRMAN MacMILLAN: Could you put, have significant  
22 potential or is that --

23 MR. PRATER: Yeah, that's true.

24 CHAIRMAN MacMILLAN: Can we go like this

25 (indicating.) What a comedian. Okay. I thought on this one,

1 what study parameters are relevant? We're really trying to ask  
2 the question of what study parameters must be relevant --- do  
3 we want to go through to answer all these questions or do you  
4 want to just go with what we came up with?

5 MS. ORIANA: I mean, do they answer the questions ---

6 CHAIRMAN MacMILLAN: They are just suggested ---

7 DR. REINSCHUESSA: I think some of our slides ---

8 CHAIRMAN MacMILLAN: Yeah, they do.

9 DR. GOTTHARDT: And I will mention that Bill Flynn  
10 did ask how are you coming along with the questions.

11 DR. REINSCHUESSA: Well, we could just put up that  
12 one and say this -- get the next slides in --

13 MR. PRATER: So do we have another slide --- another  
14 slide to put in?

15 CHAIRMAN MacMILLAN: Well --

16 DR. REINSCHUESSA: Wait a minute. Back up. Combine  
17 slide one with slide two and three and then put something --  
18 put in a slide that addresses those --- the factors --

19 CHAIRMAN MacMILLAN: So why not just move those --

20 DR. REINSCHUESSA: The factors and the data --

21 CHAIRMAN MacMILLAN: Move this question up here, two  
22 and three, and this is what we -- these are the things that we  
23 thought were important for daily microbial ---

24 MR. PRATER: So are we combining the concepts of the  
25 study factors --

1 CHAIRMAN MacMILLAN: Well, no. The slide will just  
2 show question two and question three and then, I think we have  
3 a slide -- well, maybe that's where we could introduce ---  
4 resistance development --- mutation. Well, whatever was on the  
5 list. Mutation frequency, mechanisms of resistance -- is that  
6 fair?

7 MS. ORIANA: I'm confused on the --- can we go back  
8 and see ---

9 DR. REINSCHUESSA: Well, what we did --

10 CHAIRMAN MacMILLAN: No.

11 MS. ORIANA: Oh, all right.

12 DR. REINSCHUESSA: We're using steps that we had ---

13 CHAIRMAN MacMILLAN: We haven't gotten to -- well are  
14 we going to, after these two questions, are we going to insert  
15 the mutation slide, this one?

16 MS. ORIANA: --- just to get it closer ---

17 MR. PRATER: Okay. Question number two, what role  
18 could the various types of data --- in evaluating microbial  
19 effects?

20 CHAIRMAN MacMILLAN: So make the title just types of  
21 data?

22 MS. ORIANA: Well, the question is what can we do.

23 DR. REINSCHUESSA: I thought this one was mostly more  
24 number three than number two.

25 MR. PRATER: Number three, what factors should be

1 considered and they have the information about species, water  
2 quality parameters. I think that's what we were asking in  
3 three, though. Various types of data.

4 DR. REINSCHUESSA: Your know, these questions ---

5 MR. PRATER: Well, they may not address what we need.  
6 Well, they may not address the issue in its totality but I  
7 think they do sort of address what we need as regulators and I  
8 don't think we're trying to solve the problem as much as we're  
9 trying to figure out what we need to do in the context of  
10 pre-approval studies.

11 What can be gained with pre-approval studies? And  
12 Bob suggested that these are things that -- data, types of data  
13 that are typically generated and may help us answer some  
14 questions about antimicrobial resistance. So I think this is a  
15 reasonable answer to question number two and could help us  
16 develop a pre-approval process.

17 DR. GOTTHARDT: Maybe we are suggesting --- that this  
18 type of data be collected?

19 CHAIRMAN MacMILLAN: Yep.

20 DR. REINSCHUESSA: The role that the data would play,  
21 I mean, to me, that sort of seems a little bit of the goal  
22 side. I would --- what are we going to do -- to me, the  
23 question is sort of saying, you know, what is the data going to  
24 tell us when we would use it? If it doesn't roll with various  
25 types of data --- evaluating microbial ---

1           MR. PRATER: I think these are the types of data that  
2 are out there --- and another question could be, the current  
3 data are not sufficient, then what data types do we need? And  
4 this is being put forth as types of data that are out there may  
5 be helpful in the context of pre-approval studies to help us  
6 address this.

7           I guess, ultimately, I thought that's where we were  
8 going, is we were going to sort of define what we wanted to  
9 what is available in the context of pre-approval studies and  
10 suggest that, you know, how that could be used as a basis for  
11 post-approval monitoring.

12           What types of data are currently available in the  
13 context of pre-approval studies that could help us form a  
14 foundation or basis for performing, monitoring new -- I think  
15 we accepted, either later yesterday or early today, that the  
16 bulk of this problem would be done in the post-approval phase.

17 Really, the only good way we have, based on all ---  
18 predictability is to monitor these things in the post-approval  
19 phase.

20           So if we back up and we look at pre-approval, well,  
21 is there anything that we can take from the pre-approval? Is  
22 there anything we can modify --- we can't put a lot of new  
23 requirements on it because I don't think they're going to get  
24 us anywhere because we had all these problems with  
25 predictability.



1           What's available now? Are there additional types of  
2 data that we could ask for that would reasonably give us some  
3 foundation for examining this in post-approval?

4           CHAIRMAN MacMILLAN: So shall we eliminate question  
5 three or move question three?

6           DR. GOTTHARDT: You know, because aquaculture is kind  
7 of unique, I don't think we'd want to eliminate --- some of the  
8 factors are ---

9           CHAIRMAN MacMILLAN: Oh, yeah. I wasn't thinking of  
10 eliminating, just moving it.

11          MR. PRATER: It can precede this slide with question  
12 number two and then we can make another slide ---

13          DR. REINSCHUESSA: Do we want to add ---

14          MR. PRATER: I'm going to retitle it.

15          DR. REINSCHUESSA: Factors to consider because that  
16 goes along ---

17          DR. GOTTHARDT: Do we want to elaborate a little bit  
18 on the type of aquaculture? I know what we mean by that, but  
19 do we want to say type of aquaculture --- system or something,  
20 just to -- for folks that aren't maybe ---

21          DR. REINSCHUESSA: Randy did that pretty well when he  
22 introduced it on Tuesday. But it doesn't hurt to reiterate.  
23 Or actually, if you just put type of aquaculture and then  
24 parentheses, put in closed or open, sort of list some of those  
25 ---

1 CHAIRMAN MacMILLAN: I'd put ponds, net pens,  
2 raceways.

3 DR. REINSCHUESSA: Take out open and leave closed.

4 MR. PRATER: We say water type but we really talked  
5 about water quality parameters and we have talked about other  
6 inputs into different systems in the previous slide. Do you  
7 want to get rid of this and insert water quality parameters?

8 CHAIRMAN MacMILLAN: No, I wouldn't. Under water  
9 type, we could just put --- put water quality. We could almost  
10 leave number four the way it is and add our list -- and then  
11 perhaps in response to question five, we could identify what  
12 are long term research needs are or something like that. Would  
13 not become part of the pre-approval package at this point.

14 DR. REINSCHUESSA: I guess, to sort of throw a monkey  
15 wrench into --- to go back to the slide talking about --- on  
16 human pathogens --- I'd consider just putting in --- specific  
17 species but just saying nonfood --- pathogens because there are  
18 a fair number that we might need to consider.

19 CHAIRMAN MacMILLAN: Microbacteria ---

20 DR. REINSCHUESSA: I mean, I don't necessarily want  
21 to go into each ones, but I wanted to put that as another  
22 possible pathogen for certain species that might be important  
23 to ---

24 CHAIRMAN MacMILLAN: So nonfood but --

25 DR. REINSCHUESSA: Put a question mark by it and give

1 it some thought.

2 CHAIRMAN MacMILLAN: Human health. Nonfood but human  
3 health?

4 DR. REINSCHUESSA: Nonfood safety for human health  
5 pathogens.

6 DR. REINSCHUESSA: I think the first point -- I  
7 thought that was one we wanted to do, to prioritize the list.

8 CHAIRMAN MacMILLAN: Yeah, why --

9 DR. REINSCHUESSA: Because with aquaculture, the uses  
10 are so much smaller than all the other stuff that's poured into  
11 the environment, that we want that in the factor as opposed to  
12 like EPA --- technically feasible to hit on this --- is it more  
13 difficult with the amount of --- pull out the last three and  
14 dump them.

15 MR. PRATER: This one, too?

16 DR. REINSCHUESSA: Yeah. We're trying to get away  
17 from necessarily mentioning --- how about this number one in a  
18 perfect concepts?

19 MR. PRATER: This one?

20 DR. REINSCHUESSA: But before you do it, let's  
21 see ---

22 DR. SIMMONS: How long do you have to talk, Randy?

23 CHAIRMAN MacMILLAN: You know, I don't think there is  
24 a time limit. It's 1:00 until -- the public comments -- until  
25 3:00 and then all four groups.

1 DR. SIMMONS: --- only have the four groups.

2 CHAIRMAN MacMILLAN: And some groups will probably  
3 have more to say than aquaculture. And I imagine aquaculture  
4 will be last.

5 (Laughter.)

6 CHAIRMAN MacMILLAN: I know. It's this feeling  
7 of ---

8 DR. SIMMONS: You need to have him sitting right next  
9 to you while you're watching him so if you need to change the  
10 slides as --

11 CHAIRMAN MacMILLAN: Right.

12 DR. SIMMONS: -- things evolve.

13 DR. REINSCHUESSA: And are we using that statement  
14 --- I'm not -- to that statement, but then again, I think it's  
15 important to point out that our use is low, and so, you know --

16 CHAIRMAN MacMILLAN: Well, just say that there's a  
17 need to prioritize regulatory action. Of course, that could  
18 also make it look like we're doing it, too, so you ---

19 MR. PRATER: Make a new slide with this?

20 DR. REINSCHUESSA: Put it under concepts; that's  
21 fine.

22 CHAIRMAN MacMILLAN: So where are we in answering the  
23 questions?

24 DR. REINSCHUESSA: I think we're at other.

25 CHAIRMAN MacMILLAN: Okay. And that's where we're

1 going to talk about future non pre-approval research --- and I  
2 think we can capture that when we talk about the research  
3 needs.

4 DR. REINSCHUESSA: Right.

5 CHAIRMAN MacMILLAN: Because there you are almost  
6 trying to capture the need of some people to do something now.

7 So, before that future, non pre-approval -- and then the goal,  
8 that ought to be the very last slide, perhaps.

9 DR. REINSCHUESSA: The three to five year goal?

10 CHAIRMAN MacMILLAN: No, this goal right here.  
11 Develop, use the results from pre-approval --- research studies  
12 to develop appropriate doses, strategies for post-market  
13 surveillance, design post-market surveillance program and  
14 adjust the management on the farm with that information.  
15 Again, the idea being to make the research efforts, whatever  
16 they are, relevant to the real world.

17 MR. PRATER: Perhaps you could even modify labeling  
18 at this stage in the post-market. You know, if it looks like  
19 MIC is going up, go back and maybe that would be a slide we  
20 would go back and revisit later.

21 DR. REINSCHUESSA: So stick label in there. You  
22 might want to put that under dosing. --- the use instead of  
23 revisiting --- or label. To instruct labeling and revise  
24 labeling?

25 (Simultaneous conversation.)

1 MR. PRATER: This slide is in the post-market period.

2 MS. ORIANA: So this is modifying?

3 CHAIRMAN MacMILLAN: Right.

4 DR. REINSCHUESSA: But the dosing strategies is  
5 actually a pre-market.

6 MR. PRATER: So should we --

7 DR. REINSCHUESSA: Where I was going from is what are  
8 we using the pre-market studies for? Part of it is when you're  
9 trying to develop your strategies or how do you dose the  
10 animals? We use those resistance parameters as part of your  
11 dosing outlines. And so that would affect labeling. And then  
12 --

13 MR. PRATER: Take this somewhere?

14 DR. REINSCHUESSA: Or you could put those -- you  
15 could have pre-market and then a couple of them in post-market.

16 CHAIRMAN MacMILLAN: And this could be refined dosing  
17 strategies --

18 DR. REINSCHUESSA: Right.

19 CHAIRMAN MacMILLAN: -- for the post-market goals.  
20 Refine dosing strategies.

21 MR. PRATER: Okay.

22 CHAIRMAN MacMILLAN: Presumably, you already know how  
23 to get a dose and that's what a lot of --- is for.

24 DR. REINSCHUESSA: But that's what the early work  
25 would be there.

1 CHAIRMAN MacMILLAN: Right.

2 DR. REINSCHUESSA: I mean, so those studies would --  
3 the pre -- so I would split this slide under two parts -- use  
4 of the results, use of your pre-approval study would be one and  
5 pre-approval process, dosing regimes and labeling, and in the  
6 post-market, compare, you know, with -- use those pre-results  
7 to compare with your surveys in your farm ---

8 MR. PRATER: Then I would suggest that we take those  
9 topics and move them further up.

10 DR. REINSCHUESSA: Well we could make two slides.

11 MR. PRATER: Make two slides. Okay. So I am just  
12 going to cut this for now and we're going to make a new slide.

13 MR. PRATER: --- efficacy studies or something else.  
14 Can we quantify -- or qualify --- or is this just --

15 DR. REINSCHUESSA: Identify -- I think it might be,  
16 like under the areas of directions for use or limitations. If  
17 you were to identify --- in labeling -- for instance, on the  
18 fluoroquinolone --- put in statements that have to do with  
19 poultry litter, and that's kind of --- this kind of data, I  
20 think.

21 MR. PRATER: Okay. Does that capture that -- their  
22 words? Qualifying ---

23 DR. SIMMONS: We're making the assumption that those  
24 two --- are related to the goal of minimizing potential for ---  
25 resistance?

1 DR. REINSCHUESSA: That one should ---

2 DR. SIMMONS: Yeah, because --- and I think that was  
3 number four on Fred's list.

4 CHAIRMAN MacMILLAN: Uh-huh.

5 DR. SIMMONS: Optimizing dosing strategies.

6 DR. REINSCHUESSA: That's -- I guess maybe you need  
7 to expand it ---

8 DR. SIMMONS: Well, I mean, if you are going to talk  
9 to it, then if you're happy with the slide, that's fine.

10 DR. REINSCHUESSA: No, no. That's a good point.

11 DR. GOTTHARDT: Or maybe we want to replace develop  
12 with optimize because we ---

13 DR. SIMMONS: Right.

14 DR. REINSCHUESSA: To minimize dosing strategies to  
15 minimize resistance.

16 DR. SIMMONS: So we --- fluoroquinolone dosing  
17 strategies have changed over the past five years. It's quite  
18 significant.

19 DR. REINSCHUESSA: With that goal in mind?

20 DR. SIMMONS: Well, I think we learn more about the  
21 effects, concentration effects ---

22 MS. ORIANA: What happened to number eleven? So it's  
23 not pre-approval or post-approval? It's ---

24 MR. PRATER: Take this out?

25 DR. SIMMONS: The concern there was we wanted to be



1 sure to identify --- pre-approval.

2 DR. REINSCHUESSA: Yeah, I would leave it in. Or you  
3 can, instead of --

4 MR. PRATER: Nonsponsor --

5 DR. REINSCHUESSA: Put another bullet and say this is  
6 not a requirement for sponsors. Is that what --- underneath  
7 that?

8 DR. GOTTHARDT: Then it is not.

9 DR. REINSCHUESSA: I mean, I am not asking --

10 MR. PRATER: We haven't earlier absolved this sponsor  
11 in the post-market days --- development model --- on this side  
12 ---

13 CHAIRMAN MacMILLAN: Why don't we go with the slide  
14 order and see how things fit.

15 DR. BUTLER: --- pre-approval study, this might  
16 provide a positive for the sponsor in terms of, well, this drug  
17 would seem to, in that species, cause antimicrobial resistance  
18 but thanks to our study that we did in pre-market approval, we  
19 can show that this species and this were not affected.

20 So that could be a positive for the drug sponsor and  
21 good information for the reviewer who might be stuck saying,  
22 well gee, we won't really know if that's causing antimicrobial  
23 resistance and should we approve that for this species? And,  
24 just a thought for ---

25 DR. SIMMONS: Could you go back one, please.

1 CHAIRMAN MacMILLAN: Are we going to do pre-approval  
2 studies with --- model?

3 DR. BUTLER: That's what you're here to do, put  
4 together a suggested animal study model.

5 CHAIRMAN MacMILLAN: Right. But when we go to the  
6 next slide, we're not -- our thoughts so far have not been to  
7 require a model at all. We're answering the question but we  
8 haven't looked in -- identified --

9 DR. REINSCHUESSA: The header is wrong for where  
10 we're at, yeah.

11 CHAIRMAN MacMILLAN: Yeah.

12 MR. PRATER: Do we want to modify this slide?

13 DR. REINSCHUESSA: And then the study plan instead of  
14 model development. The study itself is the model for what --

15 CHAIRMAN MacMILLAN: Right.

16 DR. REINSCHUESSA: When I was thinking with this, I  
17 was thinking of modeling organisms but if it's --

18 CHAIRMAN MacMILLAN: And that's what we'll talk about  
19 later on.

20 DR. REINSCHUESSA: Right.

21 CHAIRMAN MacMILLAN: The research is develop that  
22 model system so that you can reasonably expect to predict  
23 what's going to happen.

24 MR. PRATER: Design okay?

25 CHAIRMAN MacMILLAN: Yes.

1 MR. PRATER: I think this is more of a ---

2 DR. REINSCHUESSA: I guess the one thing that I have  
3 considered --- mentioned and this goes for anything, not just  
4 aquaculture. If we're looking to see what's currently out  
5 there in terrestrial --- environments --- what's in the food,  
6 the organisms that are in those foods.

7 CHAIRMAN MacMILLAN: Nonpathogenic --

8 DR. REINSCHUESSA: The resistant bugs that are in the  
9 food.

10 MR. PRATER: You mean in the animal feed?

11 DR. REINSCHUESSA: Yes.

12 MR. PRATER: There could be.

13 CHAIRMAN MacMILLAN: There have been studies done  
14 where they found salmonella in fish feed. That was done  
15 twenty/thirty years ago.

16 DR. REINSCHUESSA: I think the rendering industry is  
17 beginning to look at some of that itself. --- but it is food  
18 for thought because, you know, if you're using the feed as the  
19 delivering system and what are the effects of some of these  
20 substances in the -- on those organisms -- they don't die  
21 during the processing.

22 CHAIRMAN MacMILLAN: Of course, these days, the feed  
23 gets so hot and under such high pressure. In --- days the feed  
24 was cold, wet, moist --- for example, but today it's --- or ---  
25 food in virtually all, at least catfish and trout, celmonids

1 --- so it's not likely that they will survive. And we've done  
2 some pasteurization and some tests with viruses and they don't  
3 make it through. So for virus testing ---

4 DR. GOTTHARDT: Randy, how comfortable are you with -  
5 --

6 CHAIRMAN MacMILLAN: I'm pretty comfortable. We need  
7 to see the end. Is this the end?

8 MR. PRATER: Not quite the end.

9 CHAIRMAN MacMILLAN: If I miss something, there's no  
10 reason -- I think it's pretty -- it's not a formal situation so  
11 people can speak up ---

12 DR. GOTTHARDT: I won't be there.

13 CHAIRMAN MacMILLAN: Okay.

14 DR. SIMMONS: On your slide mechanisms from ---  
15 missing on that was mechanism of action.

16 DR. REINSCHUESSA: Mechanism of action of the drug?

17 DR. SIMMONS: Yes.

18 DR. REINSCHUESSA: Well, I was sort of forgetting all  
19 the routine stuff ---

20 MR. PRATER: Would you like to see ---

21 DR. REINSCHUESSA: We go through -- I mean, we didn't  
22 also mention that the chemical/physical properties --- in  
23 water.

24 DR. SIMMONS: That the mechanism of action is what we  
25 derive much of the attention it's going to get because if its

1 mechanism of action is made to an antibiotic that is currently  
2 reserved for --- then you're going to get some pretty high  
3 attention ---

4 DR. REINSCHUESSA: That sort of drives the mechanism  
5 of resistance.

6 DR. SIMMONS: For example, we have a drug on the  
7 human side that you wouldn't dream of touching it because  
8 of ---

9 CHAIRMAN MacMILLAN: So since this is aquaculture, do  
10 you want a blue background on it?

11 MR. PRATER: Yeah, I might go back and add background  
12 to all of these.

13 CHAIRMAN MacMILLAN: And the format?

14 MR. PRATER: It's amazing.

15 CHAIRMAN MacMILLAN: --- design down at the bottom.

16 (Discussion of graphic design; session was  
17 concluded.)  
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